

DENTAL ENROLLMENT FORM INSTRUCTIONS

City of Milwaukee
Department of Employee Relations
Employee Benefits Division

How To Complete DENTAL Plan Enrollment Form

GENERAL INSTRUCTIONS

1. Write the name of the DENTAL PLAN you selected in **Section A** from the list shown below under **SPECIFIC INSTRUCTIONS**.
2. Please read the **SPECIFIC INSTRUCTIONS** below for the Dental Plan of your choice.
3. Complete all sections of the DENTAL INSURANCE ENROLLMENT FORM as they apply to you. Failure to provide complete information will cause delays in setting up your membership and the issuance of I.D. Cards. A Social Security number is required for each dependent you are enrolling.
4. **ACTIVE EMPLOYEES** – Turn in your completed enrollment for to your department payroll assistant. **DO NOT** mail your completed form to the Dental Plans.
5. **COBRA ENROLLEES** – Mail your completed enrollment form to **Department of Employee Relations, Employee Benefits Division, City Hall Rm 706, 200 East Wells Street, Milwaukee, WI 53202**. **DO NOT** mail your completed form to the Dental Plans.
6. **DOMESTIC PARTNERS** – You must be registered with the City Clerks Office.

SPECIFIC INSTRUCTIONS

WPS/DELTA DENTAL

SECTION A – Write “**WPS/Delta Dental**” in DENTAL PLAN NAME. Check the box for either Single or Family in CONTRACT DESIRED.

CARE-PLUS

SECTION A – Write “**Care-Plus**” in DENTAL PLAN NAME. Check the box for either Single or Family in CONTRACT DESIRED.

DENTALBLUE

SECTION A – Write “**DentalBlue**” in DENTAL PLAN NAME box. Write the name of the DentalBlue clinic in CLINIC/OFFICE DESIRED box. Write Center number in DENTAL CENTER/LOCATION # box. Check the box for either Single or Family in CONTRACT DESIRED. REMEMBER, all family members must use the same clinic.

**PLEASE SIGN AND DATE YOUR ENROLLMENT FORM IN SECTION E
AFTER READING THE TERMS AND CONDITIONS**